**Training Funding Request Form (Appendix D)**

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| PLEASE NOTE: If you ARE eligible for CPD funding (Nurses, Midwives and AHPs) complete an ‘CPD agreement form.  **PURPOSE OF THIS AGREEMENT:**  You should discuss with your line manager:   * Clear learning objectives aligned to your role and the needs of your service * The proposed training course confirmed as suitable to meet your learning objectives * An agreed funding method(s) for the full amount of the course   Please ensure you complete all sections of the application electronically, with line manager signature. Completed forms shouldbe sent to: [Kelly.Budgell@nhs.net](mailto:Kelly.Budgell@nhs.net) | | | | |
| **1 STAFF MEMBER REQUESTING ACCESS TO FUNDING** | | | | |
| **Surname/Family Name** HERE | | | | |
| **First Names** (in full) HERE | | | | |
| **2 EMPLOYMENT DETAILS** | | | | |
| **Current Role:** HERE | | | **Assignment Number:** HERE  (you will find this on your ESR payslip) | |
| **Trust / Organisation:** *Salisbury NHS Foundation Trust (SFT)* | | | | |
| **Ward / Department / Unit:** HERE | | | | |
| **Work telephone number:** (in case of any queries): HERE | | | | |
| **Work email** (to which confirmation will be sent):HERE | | | | |
| **3 COURSE/ MODULE DETAILS** | | | | |
| **Unit or Course Title** HERE | | **Provider:** HERE | | |
| **Cost/ amount requested:** HERE | | | | |
| **4 FEES – Who is paying your tuition fees for the course/unit?** | | | | |
| **(A) Departmental budget 🞎 Cost centre** HERE **Cost Code** HERE  Amount from this funding source HERE  Budget holder name HERE Signature HERE | | | | |
| **(B) Self-Funding 🞎**  Amount from this funding source HERE | | | | |
| **(C) Other… Please state where 🞎**  Amount requested in addition to funding above HERE | | | | |
| **5 SUPPORTING MANAGER – to be completed by your Line Manager** | | | | |
| **I support this application and confirm through discussion with the employee:**   * That the skills, knowledge and behaviour gained from this training course meets the needs of the service requirements and will be utilised within practice. * That they will release the employee from their normal duties in order to complete the training course including attending training days and exams. * Any practice-based opportunities and clinical assessment (if applicable) will be available for the duration of the learning applied for. | | | | |
| **Signed:** HERE | **Name** HERE | | | |
| **Work telephone number:** HERE | | | | |
| **Work email** HERE | | | | **Date** HERE |
| **6 PERSONAL DECLARATION** | | | | |
| **I understand that, by submitting this application form whether electronically or on paper, I confirm that:**   * The information given in my application form is true, complete and accurate.   **I, the employee, agree:**   * To source and apply for the appropriate training course, ensuring that I meet the entry requirements for the course * To participate in all aspects of the training course, including study days, online learning and assignments/assessments.   Applicant’s Name  Applicant’s Signature Date:  **Before submitting this form, please ensure you have included;**   * The signature of your supporting manager (essential for all courses) * Funding sources for the full cost of the course in section 4 (in all cases)   If/once approved you will need to submit:   * This form * A copy of a completed application form for the course requested (provider) * Proof of the cost of the course (e.g. email) | | | | |